PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000													
CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMALL ENTITY OR S				
TC	TAL CLAIMS	•	.59					RATE	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMB	NUMBER EXTRA		BASIC FEE	355.00	OR	Basic Fee	710.00	
TOTAL CHARGEABLE CLAIMS			5 Ominus 20=		2	30		X\$ 9=	·	OR	X\$18=	540	
IŃD	EPENDENT CL	AIMS ,	4 m	nius.3 =	1:			X40=	·	OR	X80=	80	
WÜ	LTIPLE DEPEN	DENT CLAIM P	RESENT					+135=		OR	+270=	270	
* if the difference in column 1 is less than zero, enter "0" in column 2							·	TOTAL	·	OR		1600	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								OTHER THAN SMALL ENTITY OR SMALL ENTITY					
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIC PAID	EST BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		PATE	ADDI- TIONAL FEE	
NON	Total		Minus .	••		=	ŀ	X\$ 9=		OR	X\$18=		
AME	Independent		Minus	. ***		=		X40=		OR.	X80=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135=		OR	+270=		
•	•							TOTAL		ΔP	TOTAL		
		(Column 1)		(Colur	nn 2)	(Column 3)	,	NDDIT. FEE			ADDIT. FEE		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total ·	•	Minus	•• ::		= ·		X\$ 9=		OR	X\$18=		
	independent	•	Minus	-in	OL AUSA	=		X40=		OR	X80=		
	rinsi Preșe	NIAHON OF M	JETIPLE DEPENDENT CLAIM				1	+135=		OR	+270=		
							A	TOTAL DOIT, FEE		OR	TOTAL ADDIT. FEE		
(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST													
AMENDMENT C		REMAINING AFTER AMENDMENT		NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NO.	Total	.50	Minus	-5	<u>U</u>	=0		X\$ 9=	е	OR	X\$18=	Ø.	
AME	Independent	NTATION OF M	Minus	PENDENT	CI AHA	-0		X40=		OR	X80=		
 -	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR	+270=	1	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												0	
	The 'Highest Nun	aber Previously Pai	id For" (Total o	r Independe	ent) is the	highest numbe	r foui	nd in the app	ropriate box	in col	umn 1.		
FORM (Rev.	PTO-875 8/00)						Pale	nt and Tradem	ark Office, U.		ARTMENT OF		

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